

THE Medico Friend circle is an informal all-India organization of persons concerned with problems of medical education and practice, and all vital, health related issues. In January, Medico Friend Circle held its ninth annual meet at Anand, Gujarat. This year the group had chosen "Bias against women in the health care system" as the topic of the meet. The focal areas of discussion were fertility control, the teaching and practice of gynaecology and obstetrics, violence against women and the role of the medical profession, and the problems of women health functionaries. Of the participants, 28 were men and 52 women. A number of participants were active members of women's organizations. This is a report on a special unscheduled session held one night on dysmenorrhea.

Dysmenorrhea was defined as discomfort or pain during and immediately prior to the menstrual period. The men remained absent, at their own suggestion, so as to enable women to share their personal experiences in as uninhibited a manner as possible. During discussion earlier in the day it had become clear that normally outspoken women were feeling inhibited about expressing themselves, largely because they were afraid of being fitted into existing stereotypes. One woman even said: "I felt the atmosphere had become very oppressive. I wanted to tell my experience to everyone but I was afraid of being thought of as a hypochondriac." The confidence had not grown that men were genuinely interested in knowing and understanding women's experience from women's point of view. Also, many women participants had never discussed this problem with other women, and would have felt inhibited even if they had felt that male listeners were sympathetic.

Dysmenorrhea is understood to affect about 55 percent of women for significant portions of their lives. There are two kinds of dysmenorrhea—spasmodic and congestive. Spasmodic dysmenorrhea is more typical, and is associated with spasmodic contractions of the uterus causing repeated shutting off of the blood supply to the soft lining of the uterus. It is

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The Neglected Pain

this blood supply which leads to the dead lining of the uterus being shed off as the menstrual blood flow. Therefore as soon as the menstrual flow gets well established, usually by the second day, the pain disappears. The familiar "first day pain" is spasmodic dysmenorrhea. Congestive dysmenorrhea is a more continuous pain associated with some abnormal organic process like inflammation or tumour of the uterus. These conditions bring about an increase and pooling in the blood supply in the

conditions—ovulation and intact nerve supply of the cervix. If ovulation does not occur, as typical of the first few months or years after the beginning of menstruation, or when ovulation is suppressed by oral contraceptive hormones, dysmenorrhea does not occur. The sensory nerve fibres of the cervix (the mouth of the uterus) transmit pain impulses during uterine contraction, and dysmenorrhea is often relieved permanently by destroying these nerve fibres through a surgical process of forcibly stretching the cervical canal or through normal childbirth which also causes such stretching.

We wanted to explore our experiences of dysmenorrhea because it is a cause of considerable suffering to many women, and also because in the course of this suffering and a woman's search for relief, she subjected to some strong, social values which relate to women's position in society. One after another, the 35 women, sitting in a circle, answered the questions: Did I ever have pain associated with my periods? What was it like? At what age did the pain start? What help did I seek, if any? What help did I get?

Only 12 women said they had only slight temporary discomfort or no problem at all, but 23 women, that is 66 percent of the total number, said they suffer from or had suffered for a long time from pain and discomfort severe enough to need relief. Later it was discovered that two women participants could not take part in this session as they were in their rooms suffering severe dysmenorrhea.

Women suffered from widely varying symptoms due to dysmenorrhea. Spasmodic low abdominal pain or uterine cramps were most frequent. This was often accompanied by low backache. Legache was common and some reported pain running down the insides of thighs. One woman had very severe leg cramps during



pelvis surrounding the uterus. The pain is typically felt both before and throughout the menstrual period—lasting well beyond the first day.

Spasmodic dysmenorrhea is known to be related to two physiological

her period. A few women reported being irritable or depressed usually just preceding the period, but sometimes extending a few days. A couple of women reported headache. There were a number of disturbances related to the digestive system. One woman routinely lost her appetite and felt nauseous. Several women reported diorrhea or alternating diorrhea and constipation with their periods. A bloated sort of feeling associated with distention in the lower abdomen was also noted. Breast discomfort or pain was sometimes troublesome. Women routinely experienced some particular symptom just prior to their period, which served as a Signal.

In the course of the reporting of pain and suffering, one woman suddenly reported that, on the contrary, she always felt more creative during her periods, and being a writer, she looked forward to this time of the month. Three women said they felt an increase in sexual desire during menstruation. It was speculated that as women begin to think more positively about their lives, other positive aspects of the experience of menstruation might be discovered.

What do women do to seek relief? Most women had consulted an allopathic doctor after trying home remedies, but a significant number had derived some relief from home remedies or from ayurvedic or homeopathic treatments. The various remedies can only be enumerated for the response was too varied to generalize. Many took anti spasmotic tablets like Baralgin or Spasminon. Some got sufficient relief from aspirin but a few could not stand aspirin. Some took paracetamol tablets like Crocine. Many said they cut down salt in the diet. Some had been told by doctors to drink less water but the logic of this was beyond us. Many women said they had been advised and were used to drinking a lot of hot tea while having menstrual pain. Some women were used to taking *methi*, homum water or ayurvedic or homeopathic preparations like magnesia phos. Only one or two women said they had ever been advised tranquilizers like Calmpose, but no one used these routinely.

Several women had been prescribed oral contraceptives. This experience was both interesting and disturbing. The impression was that little care had been taken in physical examination before prescribing the hormone treatment. The relief was only temporary and lasted as long as the tablets were continued, but the side effects were considerable. One woman said she had put on a great deal of weight which she could not lose after discontinuing the tablets.

Heat application like a hot water bottle on the lower abdomen or legs was often helpful. Advice regarding exercise was inconsistent. Some women had been advised to keep active, and others had been told to stop exercise and not to lift weights. Most women spent a lot of time lying down flat or curling up in bed in a foetal position, and blocking out all noise and light.

Interestingly, no woman present had got surgical treatment, though dilatation of the cervical canal is often done for intractable menstrual pain. Some women told of friends or relatives who had got it done, with varying relief.

One universal advice given by both male and female doctors as well as by women relatives was to get married, and if married, to have a child. Women who had given birth, did report, although not in every case, relief or total disappearance of the complaint. Surprisingly, very few women had been told that their problem was emotional or psychogenic, which is a common explanation given by doctors in western countries. The expectation that women will of course want to get married and have children is so much a part of social tradition that this is accepted as the single most universal solution for dysmenorrhea. Doctors have no second thoughts in recommending it.

However there were a number of women in this group who had found the advice unhelpful or even oppressive. One woman had been advised to get married to cure her dysmenorrhea at the age of 15. Today, when many women are striking out to determine the direction of their lives autonomous of the control of a husband, early marriage as a solution to

dysmenorrhea, and after marriage childbirth, is indeed drastic if not absurd.

Do we know all we need to know about dysmenorrhea? Can the universal advice that dysmenorrhea is cured by marriage and giving birth, be seen in isolation from woman's position in society, and her nearly inevitable imprisonment in the home? Is there no more sensitive way to see the problem than to look at women ultimately as reproductive machines, or as builders of a man's home? Is the possible physical relief from dysmenorrhea to be traded off for the frequent anguish of household, slavery, the earlier the better?

From "Our Bodies. Our Selves"

...While the categories of spasmodic and congestive dysmenorrhea make a useful base to work from, we are not all so easy to categorize. Many women suffer from premenstrual tension *and* pains —

...If we can arrange to take more rest before or during menstruation it helps. We can also try to avoid scheduling stressful activities at the times when we will feel worst...

We can reduce salt intake for about ten days prior to menstruation...Vitamin B is also useful in reducing premenstrual tension. Take at least 50 milligrams per day for two weeks before a period—We should make a special effort to eat well at this time to keep up our energy.. If all else fails, pain killers such as aspirin, codeine or paracetamol can be used—sparingly...

...If you have trouble every cycle or are having painful periods after having had relatively comfortable ones previously, you should check with your doctor to find out if you have endometriosis. You should also get a check up if you have any abnormal (for you) bleeding. Endometriosis happens when fragments of the uterine lining leave the uterus and attach themselves to other parts of the pelvic anatomy.

..Far too little research has been done on dysmenorrhea. In spite of their lack of knowledge we often find text books and doctors drawing conclusions based on nothing but supposition and many doctors still think the problem is in our heads! □